

REGISTRATION

Child's Name: _____

Father's Name: _____

Mother's Name: _____

Child's Home Address _____

Phone Number(s): _____

Church Membership: _____

Age of Child: _____ Date of Birth: _____

What would you most like us to know about your child? _____

What do you most want your child to learn in our program? _____

Child must be potty trained to participate.

Your \$60.00 non-refundable fee will guarantee your child's enrollment in Cherubs of Grace Preschool. First month's tuition fees of \$210 are due by August 1; a notice will be sent in July. Failure to pay will result in your spot being released to the next in line. By signing this form, you agree to work cooperatively with Cherubs of Grace Preschool staff and comply with submitting required forms by the due date. You further agree that if you choose to send your child to a different preschool and fail to notify us in writing BEFORE August 1, you will be charged \$210.

Parent Signature

Date

Administrator

Received

Make checks payable to: Cherubs of Grace Preschool

Mail to: Grace Community Church

229 W. Jefferson Street, Stone Creek OH 43840

